



TOWN OF CANTON

4 Market Street
P.O. Box 168
Canton, CT 06019

Building Department
(860) 693-7854

OFFICE USE ONLY

PERMIT #: _____ FEE AMOUNT: _____ CASH / CHECK _____

DATE SUBMITTED: _____

APPROVED: YES / NO

Signature: _____

Date: _____

Comments: _____

PERMIT FOR DEMOLITION

APPLICATION FEE: \$15.00 per thousand, with \$30.00 minimum fee
Please make checks payable to "Town of Canton"

Location of Structure: _____

Assessor's Map: _____ Parcel: _____ Zone: _____ Lot Size: _____

Description of Structure: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Contractor: _____ License Number: _____

Phone: _____

Mailing Address: _____

Email Address: _____

DEMOLITION PERMIT CHECKLIST

1. _____ Written evidence of a Certificate of Insurance
 - a. Liability coverage for bodily injury
\$100,000 per person minimum
\$300,000 aggregate
 - b. Property Damage
\$50,000 per accident
\$100,000 aggregate
 - c. Town shall be saved harmless from claim
 - d. Worker's Compensation as required by law
2. _____ Public Utilities Certificate of Notice

3. _____ Contractor's Certificate of Registration
4. _____ Notice to adjoining property owners by USPS Certified Mail
5. _____ Asbestos inspection, notification, abatement
6. _____ Farmington Valley Health District approval
7. _____ Signature of owner and contractor on permit
8. _____ Fencing: _____ required _____ waived
9. _____ Sidewalk shed: _____ required _____ waived
10. _____ Waiting period: _____ required _____ waived
11. _____ Disposal of debris: _____

CONSENTING SIGNATURE:

We, the owner of the structure described above and the contractor retained to demolish that structure, hereby declare our intention to comply with the State of Demolition Code as set forth in Chapter 541, Part IV of the Connecticut General Statutes.

Owner Signature

Date

Contractor Signature

Date